Sexual disturbances in women

The sexual disturbances that women experience are pre-orgasmia (have not yet experienced an orgasm), inhibited desire, dyspareunia (painful intercourse), vaginismus (involuntary spasm of the pelvic floor and perineal muscles that surround the outer third of the vagina), and vulvodynia (generalized chronic vulvar discomfort: burning, stinging irritation or rawness).

One of the most common sexual issue that women seek help for is the inability to achieve an orgasm. The good news is that it is also one of the most treatable. Unlike men, women in our culture are usually taught not to touch themselves “down there”. We generally enter relationships not knowing our bodies and particularly our genitals. We have not learned where and how we need to be touched to experience pleasure. We expect men to somehow magically know this. (Don’t forget, they grew up in the same culture!) If we do know what we would like, we may have difficulty expressing these needs to our partners. We have received messages about what “nice girls” do and do not do, and, as a result, we are often ambivalent about expressing ourselves sexually. Any of you who have teenagers in your family are probably aware that, unfortunately, the double standards still exist. Treatment includes helping women to look at the messages they have received about their sexuality while growing up and to choose which ones still fit for them and which ones no longer fit; helping women to learn about their own bodies and to take responsibility for their own orgasms; and teaching women to express their sexual wants and desires to their partners. When the woman is in a long-term relationship, her partner will also be involved in therapy.

In some cases childhood sexual abuse may play a role in sexual problems. In this case individual therapy to deal with these issues is important.

When women experience inhibited desire, they are simply not interested in being involved sexually with their partner. This may be caused by personal issues that they need to deal with: fatigue, stress, childhood sexual abuse, work related problems or depression (which often indicates that there are problems in the relationship). Inhibited desire can also be the result of unresolved interpersonal issues with a partner, such as unexpressed or unheard anger, power imbalances in the relationship and difficulty in identifying and getting needs met in the relationship. These issues can best be addressed in couple therapy.

Vaginismus needs to be diagnosed by a physician. There are effective treatments for vaginismus that involve using dilators and doing relaxation exercises. It takes time and perseverance but the treatment is effective. Often it is useful for the couple to see a sex therapist to get ongoing support as she and her partner learn to resolve this problem.
Dyspareunia and vulvodynia need medical attention. The pain experienced by women with these problems needs to be treated by a doctor who is part of a team. Often pain specialists, gynecologists, physical therapists, psychotherapists and sex therapists work together to help women deal with these problems.

It is important to know that you are not alone. Others have dealt with these issues before. There is help available.

---

Wendy Trainor, MSW, RSW, RMFT, offers individual and relationship therapy and specializes in sex therapy. For more information or an appointment, contact Wendy at 416.204.0336 or wtrainor@sympatico.ca.

This article may be reprinted providing you credit Wendy Trainor, MSW, RSW, RMFT, and let her know where the article will appear.